

## REQUEST FOR CHANGE OF BENEFICIARY

TO: John E. Hixon, Jr., Executive Director  
Alabama Peace Officers' Annuity & Benefit Fund  
Post Office Box 2186  
Montgomery, Alabama 36102-2186

STATE OF ALABAMA COUNTY of \_\_\_\_\_

Certificate No. \_\_\_\_\_, Alabama Peace Officers' Annuity and Benefit Fund

issued to \_\_\_\_\_, Social Security # \_\_\_\_\_.

I hereby request that the beneficiary to receive the amount payable under the above numbered certificate, upon receipt of due proof of undersigned's death, be changed as follows:

FROM: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Beneficiary Name) (Social Security Number)

TO: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Beneficiary Name) (Social Security Number)

\_\_\_\_\_,  
(Relationship) (Mailing Address of Beneficiary)

AND: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(other Beneficiary Name) (Social Security Number)

\_\_\_\_\_,  
(Relationship) (Mailing Address of Beneficiary)

**If said beneficiary is a minor; by laws governing the Fund, you must furnish in writing the name, address, and social security number of a legal guardian (other than yourself) who would act on the minor's behalf.**

\_\_\_\_\_  
(Legal Guardian) (Mailing Address) (Social Security No.)

If said named beneficiary is not living at the time of my death, then all benefits under the above numbered Certificate shall be paid to the Executor or Administrator of my Estate.

EFFECTIVE DATE OF CHANGE: This and any subsequent change of beneficiary shall take effect as of the date of signing upon acceptance and recording at the office of the Alabama Peace Officers' Annuity & Benefit Fund, at Montgomery, Alabama, subject to any payment made by the Alabama Peace Officers' Annuity & Benefit Fund, or action taken by it, before receipt of the change of beneficiary request at this office. The Certificate must accompany the request (if available).

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Certificate Holder)

\_\_\_\_\_  
(Mailing Address of Certificate Holder) (City) (State) (Zip Code)

Sworn and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public